

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030447

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 324

STATE FILE NUMBER

AUG 28 1962

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Jefferson City, Missouri

Length of stay in 1b

0

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Mary's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cole

c. CITY

OR TOWN Route #3 Jefferson City,

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)
Cole County Missouri

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Middle Last
Bernard John Herman Schnieders

4. DATE OF DEATH

Month Day Year

August 18 62

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☐ Never Married ☒ Divorced

8. DATE OF BIRTH

9-1-1911

9. AGE (last birthday)

50

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (City and state or country)

Toas Mo. Cole

12. CITIZEN OF WHAT COUNTRY

United States

13a. FATHER'S NAME

Joseph Schnieders

13b. MOTHER'S MAIDEN NAME

Helen Veltrop

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs John Tauber Toas Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

multiple injuries due to vehicular accident

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Auto Accident

20e. TIME OF INJURY

Hour a.m. 12:30

20f. Month, Day, Year

8-18-1962

20g. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☒

20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

County Road

20i. CITY, TOWN, OR LOCATION

Route #3 Jefferson City,

20j. COUNTY

Cole

20k. STATE

Missouri

21. I attended the deceased from Death on arrival and last saw her/him alive on Aug. 7:45 A.M.

Death occurred at AST. 7:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. L. Long

22b. ADDRESS

Jeff. City Mo.

22c. DATE SIGNED

8/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

August 20 1962

23c. NAME OF CEMETERY OR CREMATORY

St. Francis Church Cemetery

23d. LOCATION (City, town, or county)

Toas Missouri

23e. STATE

Cole

24. FUNERAL DIRECTOR

Tanner Funeral Home

24a. ADDRESS

Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG.

20 August 1962

26. REGISTRAR'S SIGNATURE

R. H. Harris

26a. REGISTRAR'S SIGNATURE

M. Richter, Dep

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0369

0260

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13 1-0

1967

1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Omer Howard Jones

Licensed Embalmer No. 4411

P. O. Address Belle Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.